



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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30996 7590 08/17/2004

ROBERT W. BECKER & ASSOCIATES  
707 HIGHWAY 66 EAST  
SUITE B  
TIJERAS, NM 87059

11/24/2004 CCHAU2 00000069 09251781

01 FC:2501  
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|                       |                    |
|-----------------------|--------------------|
| Mary Ann Copas        | (Depositor's name) |
| <i>Mary Ann Copas</i> | (Signature)        |
| November 17, 2004     | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/251,781      | 02/17/1999  | RUDOLF SUPE-DIENES   |                     | 3703             |

TITLE OF INVENTION: BLADE HOLDER WITH CUTTING FORCE ADJUSTMENT INDEPENDENT OF STROKE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE            | PUBLICATION FEE | TOTAL FEE(S) DUE     | DATE DUE   |
|----------------|--------------|----------------------|-----------------|----------------------|------------|
| nonprovisional | YES          | <del>\$665</del> 685 | \$300           | <del>\$965</del> 985 | 11/17/2004 |

| EXAMINER        | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| DEXTER, CLARK F | 3724     | 083-482000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Robert W. Becker  
and Associates  
Robert W. Becker  
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Dienes Werke für Maschinenteile GmbH &amp; Co. KG Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

*Robert W. Becker*

November 17, 2004

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